

Approved
MEETING MINUTES
STATE CONSUMER AND FAMILY ADVISORY COMMITTEE

January 11, 2007

Present: Carl Britton-Watkins, Wilda Brown, Terry Burgess, Zack Commander, Bill Cook, Kathy Daughtry, Carol DeBerry, Judy Dempsey, Ron Kendrick, Dorothy O'Neal, Tisha O'Neal-Gamboa, Marian Spencer, Andrea Stevens, David Taylor Jr, and Cynthia Vester.

Absent: Pat Coleman, Fred McClure, David Smitherman, Amelia Thorpe and Colleen Vaughan.

DMH/DD/SAS Staff Present: Deputy Director Leza Wainwright, Chris Phillips, Rebecca Carina, Cathy Kocian and Jesse Sowa.

Guests: Carolyn Anthony and Judy Taylor.

<i>Presenter & Topic</i>	<i>Discussion</i>	<i>Action</i>
Welcome: Carl Britton-Watkins SCFAC Chair	<ul style="list-style-type: none">• The meeting was called to order at 9:30 A.M.	The agenda was approved. The December 2006 minutes were approved.
SCFAC Bylaws, Rules of Procedure and Code of Conduct	<ul style="list-style-type: none">• The committee approved the By-laws,• The Rules of Procedure were approved and• The Code of Conduct was approved by the SCFAC members.	The By-laws, Rules of Procedure and Code of Conduct will be posted on the SCFAC web page.
Public Comment & Issues Session	<ul style="list-style-type: none">• There were no public comments.• Family members and consumers attended the Legislative Oversight Committee (LOC) which held discussions on the Enhanced Services Implementation Update #19-Clarification Regarding Family Members as Paid Providers under CAP-MR/DD Waiver.• Dorothy O'Neal stated that the Peer Support Certification taskforce met in Winston Salem. The purpose of the meeting was to develop roles and responsibilities for the credentialed peer support specialist position.• Cynthia Vester stated that she received a telephone call from a local citizen who was concerned about money that was allegedly in the LME budget for CFAC groups. As a result, Cynthia contacted Consumer Empowerment Team (CET) staff for assistance. Updated information about the outcome was unknown and SCFAC members requested closure by their February meeting.• Bill Cook and Carl Britton-Watkins were panel members in a discussion	<p>The implementation date for this policy has been extended until April 1, 2007.</p> <p>The State of NC is moving toward finalizing the certification process for Peer Support Specialists.</p> <p>CET staff will provide an outcome summary to SCFAC members by their February meeting.</p> <p>SCFAC members will consider</p>

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	<p>held at the Substance Abuse Provider Symposium in Raleigh on January 9, 2007. In addition, Bill attended the LOC meeting and the NC Federation luncheon on January 10, 2007. At this time, the NC Federation is seeking support to increase substance abuse funding across the state.</p>	<p>supporting the Federation's goal to increase advocacy voice regarding substance abuse services.</p>
<p>Division update: Leza Wainwright</p>	<ul style="list-style-type: none"> Discussion was held on the recent Legislative Oversight Committee (LOC) meeting when Christina Thompson (Heart of the Matter Consulting) presented the Gap Analysis Report. Dr. Thompson stated during her LOC presentation that if NC decertifies Community ICFs/MR and moves to Community Facility Services, then there is an opportunity to decrease cost for DD consumers. Leza addressed Ms. Thompson's remark that "DD was adequately funded" and explained to SCFAC members there are DD funding needs in the community. The ranked order of services from most funded to least funded is: Developmental Disabilities, Mental Health, and Substance Abuse. Ms. Thompson's report states that North Carolina needs to increase funding for mental health and substance abuse services. At this time, the substance abuse services are under-funded across the entire country. The report revealed that it would take \$500 million dollars to bring NC up to the National average which is an unrealistic goal for immediate action. NC State Operated Hospital admissions are higher than the national average due to a shortage of Community Psychiatric In-Patient Services being offered at local hospitals. Other states do not offer long term acute stays in a state hospital unless the consumer first spends 7 days in a community facility. In addition, some other states are offering incentives and have behavioral health parity. The NC Statute states that if someone presents themselves at a State Psychiatric Hospital, then the hospital cannot refuse admission. 	<p>SCFAC members will be sent a copy of the LOC Gaps Analysis Report, Long Range Plan Report and the Funding Allocation Report.</p> <p>Leza will provide SCFAC members with the spreadsheet listing the LOC money recommendations.</p> <p>SCFAC members are encouraged to support parity. Carl Britton-Watkins stated that parity for behavioral health care is the ideal to strive for.</p>
<p>Strategic Planning 2007-2010 Rebecca Carina</p>	<ul style="list-style-type: none"> SCFAC members made the following recommendations for the Division's Three year strategic plan for 2007-2010: <ol style="list-style-type: none"> There is a need to work on PCP in each community, Create incentives relative to performance (i.e., pay for performance). Consumers should receive adequate services needed, Hold LMEs accountable for overseeing providers, Hold Providers accountable for their work and monitored by LMEs, 	<p>Rebecca will include the recommendations with the ELT initial High-Level Goals/Topics for Strategic Planning.</p>

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	<ol style="list-style-type: none"> 6. The Division needs to hold all accountable, 7. Continually support the Division working with CMS and the Legislature, 8. Suggested use of “Crisis Prevention Plans” in addition to “Crisis Plan,” 9. Include school coordination when developing System of Care statewide, 10. Use of all resources in a community, region or state to address issues, 11. Continually promote awareness of the people being served, 12. Include Supported Employment, 13. Include CAP-MR/DD, 14. All State hospitals need to develop one standardized system for clinical records, 15. The Division needs to partner with NAMI to promote CIT, 16. Support the use of Psychiatric Advance Directives (PADS), 17. Publicize the continuum of care utilizing existing best practices and accompanying tool kits for each disability and quantify early, middle and late recovery and maintenance processes, 18. Increase Consumer/Family involvement in all levels of the system, 19. Support the development of transitional housing (SA halfway houses, Oxford Houses, etc.), 20. Involve Primary Care physicians in behavioral healthcare planning, 21. Add Prevention, Access, STR, and Penetration, 22. Continue to educate the public in order to reduce stigma, 23. Include providers in discussions relating to services that are working, 24. Continue to fund Jail Diversion Programs, 25. Ensure that Providers receive timely reimbursement, 26. Providers maintain uniform records that include standardized forms, 27. Continue to promote competency-based workforce development, 28. Increase training requirements for providers in group homes, 29. Expand system-wide training on Diversity and related issues and 30. Address providers that are unnecessarily extending care to consumers for the money. 	
SCFAC/LCFAC Communication Template Sub-Committee	<ul style="list-style-type: none"> • Kathy Daughtry, Marian Spencer and David Taylor finalized the template. In accordance with Session Law 2006-142, the report form will be used to assist local CFACs in providing the SCFAC with feedback and recommendations regarding ways to improve the delivery of services. 	<p>The SCFAC members unanimously approved the cover letter and reporting form.</p> <p>Marian Spencer will act as the contact person and distribute the letter and reporting form to CFAC Chairs and Co-Chairs via email. Those without email will receive the materials via</p>

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		<p>US Mail.</p> <p>The report is due from Local CFACs on February 28, 2007.</p>
<p>Use of Social Security Numbers & Concerns with Psychological Evaluations</p> <p>Andrea Stevens</p>	<ul style="list-style-type: none"> • Andrea Stevens, SCFAC member, referenced Division Memo “Identity Theft, Social Security Number and the NC-SNAP Database” dated October 18, 2006 and Department of Justice Memo “Protected Information Contained in Case Files” dated December 28, 2006. All consumers have the right to have their Social Security number removed from their records and replaced with a client record number. • Andrea pointed out that the Executive Leadership Team (ELT) was working with Preddy Reddy, Division of Information and Resource Management (DIRM), to ensure that the Division is in compliance with the Identity Theft Act S.L. 2005-414. • Psychological Evaluations were discussed in reference to their sensitive Nature. Some parents refuse to be interviewed with the child present. The question was asked, “How can providers bill twice in order to have two separate interviews?” 	
<p>Issues</p>	<ul style="list-style-type: none"> • Carl Britton-Watkins distributed a letter via email to all CFAC Chairs and Liaisons highlighting SCFAC activities. In addition, Carl extended the offer to assist local CFACs as needed. • SCFAC members discussed issues relevant to the actual meeting time. It was suggested that all items, with the exception of the Division Update, will only receive thirty-minutes for presentation. • Sandhills CFAC sent a letter to SCFAC Chair regarding the required time line for submission of the LBP to the Division. Sandhills feels that the time-line is problematic and local CFAC members requested more time to review and process the information. The current deadline for the LBP to be returned to the Division is March 31, 2007. • Carl Britton-Watkins and Ron Kendrick are planning to visit local CFACs 	<p>SCFAC members unanimously voted to format and distribute all SCFAC correspondence and communication with a plain white background.</p> <p>SCFAC members voted to change the meeting time. The meeting will now last from 9:30 AM. to 3:00 PM. Sub-committee members may choose to meet before or after the meeting in order to complete tasks.</p> <p>Carl Britton-Watkins asked SCFAC members to contact local CFACs within their region and ask if they are experiencing the same problem and return feedback to him.</p>

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	<p>to get input and discuss the issues SCFAC is presently working on. It is imperative that a “Partnership” exist between the local CFACs, LMEs, SCFAC and the Division.</p> <ul style="list-style-type: none"> Ann Eller, Transformation Grant Project Director, invited a SCFAC member to participate in the Stakeholder Advisory Committee for the grant. 	<p>SCFAC members unanimously Agreed to invite Ann Eller to the February meeting in order to:</p> <ul style="list-style-type: none"> provide an overview, Reporting Structure, and Explain how SCFAC can help.
SCFAC Minutes Format	<ul style="list-style-type: none"> SCFAC members discussed the format of the SCFAC minutes. Discussion centered on the amount of detail that needs to be in the minutes. The detail allows members to present information to their local communities at a later date. However, the group did unanimously agree that the minutes are not a word-for-word dialogue but a summary of the presentation or discussion. Members also agreed that the meeting discussion would slow down if needed in order to allow all members an opportunity to speak and carefully review the motions being made. 	<p>The SCFAC minutes will include the following sections: Presenter & Topic, Discussion and Action columns.</p> <p>The members unanimously agreed that the discussion section needs to consist of more details.</p>
SCFAC Committee Assignments	<ul style="list-style-type: none"> Pursuant to SCFAC by-laws, “the SCFAC shall elect a Nominating Committee (3 people will be elected at the regular April meeting in even numbered years), Standing Committees and Ad Hoc Committees as needed. Carl Britton-Watkins developed two standing committees with the approval of SCFAC members: <ul style="list-style-type: none"> The Regional Sub-committees (Western, Central and Eastern) will be comprised of members from their respective regions who will disseminate information and provide technical assistance as needed. Disability-specific Sub-Committees (MH/DD/SA) will be comprised of SCFAC members grouped according to the disability each member represents on SCFAC. 	<p>SCFAC members agreed to have one lead person in each region: David Taylor, Jr.-Western Region Cynthia Vester-Central Region Terry Burgess-Eastern Region</p> <p>SCFAC members requested a regionally-based LME map with assigned LME Liaisons.</p>
NC-CFAC Conference Committee	<ul style="list-style-type: none"> Judy Taylor provided information she has received regarding the Conference committee. Suggestions included the possibility of including a 	<p>Carl Britton-Watkins summarized three things:</p>

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	<p>one-day CFAC segment included with the annual Rights and Empowerment Conference.</p> <ul style="list-style-type: none"> • Bill Cook stated that the entire committee needs to convene before anything is decided in order to compile all suggestions and feedback. • SCFAC members discussed funding for the conference and it was understood that, as the conference is not a SCFAC expense, the Division would not be responsible for expenses related to the conference planning meetings. 	<ul style="list-style-type: none"> ▪ Communication with Bob Stone needs to occur, ▪ Review of possible funding streams, and ▪ Planning meetings need to be developed.
Next Meeting Date	The next meeting is scheduled for February 8, 2007, from 9:30 A.M.–3:00 P.M. and will be held at the Holiday Inn North, 2805 Highwoods Blvd., Raleigh.	
February 2007 Meeting Agenda	<p>Approval of the Agenda. Approval of the January 2007 meeting minutes. Division Update. Public Comment. Issues Session. Disability Sub-committee Workgroups. Transformation Grant Overview. External Advisory Committee Update. Executive Leadership Team Update. DMH/DD/SAS Admissions and Discharge Planning Workgroup</p>	
Future Discussion	<p>External Advisory Committee Update DMH/DD/SAS Admissions and Discharge Planning Workgroup</p>	